



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Date: \_\_\_\_\_

Re: \_\_\_\_\_

Client ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

FOLD

Dear \_\_\_\_\_,

~~Please provide us with a mental health evaluation or report from records to help us determine eligibility for General Assistance. This person has applied for assistance from the Department of Social and Health Services (DSHS). Please evaluate this person using standard examination and diagnostic procedures. The evaluation will be used to determine this person's ability to perform work-related activities. All available medical evidence and vocational information have been included for your consideration.~~ If you have examined this person in the past ninety days, complete this evaluation from your medical records including. ~~Please provide~~ copies of any records used to complete the evaluation. Otherwise, please examine this person. You may report your findings on the enclosed form and/or attach a narrative report to it.

~~To assess eligibility for assistance, we require a diagnosis, prognosis, and severity rating. We need information about Address the effect(s) that the mental health condition may have on this person's ability to perform basic work-related activities. The report must include a diagnosis, prognosis, and severity rating and document the results of a mental status examination. Basic work-related activities are the ability to communicate, exercise judgment, tolerate job-related stress, understand instructions, and the ability to interact appropriately in a work setting. Report your findings on the enclosed form or attach your report to it.~~

Assistance is pending receipt of this information~~evaluation~~. Please return the Psychological/Psychiatric Evaluation or report from records~~is evaluation~~ by \_\_\_\_\_.

Payment is based upon our published policies and payment limits. Please attach an itemized billing.

Additional information:

Return this report to:

<del>INCAPACITY</del> SOCIAL WORKER'S SIGNATURE	DATE
TELEPHONE NUMBER ( <del>WITH AREA CODE</del> )	
FAX NUMBER (WITH AREA CODE)	

DRAFT